

the dark of night to try to figure out the intricacies of this bill, just shortly after we as Republicans, the minority, received the final text. What became clear last night is even the authors aren't clear about the effects of this legislation.

We had an in-depth discussion about specialty hospitals and whether this bill would deprive 150,000 constituents, our friend from Pasco, Washington (Mr. HASTINGS), a hardworking member of the Rules Committee, 150,000 of his constituents, whether or not it would prevent them from having access to hospital care.

First, our witnesses said, no, it wouldn't. Then they said, yes, it would. Then they said the hospital deserved to be closed because the physicians who own the hospital and serve that community were trying to "get away with something."

Now that is the round-and-about discussion we had on what is taking place in eastern Washington. That is just one isolated issue. You can just imagine how many more there are in this monstrosity of a bill. And the majority's answer to that question: Deny all amendments. Prevent anyone from having an opportunity to improve the bill.

Yes, Madam Speaker, we have the latest manifestation of the new Democratic philosophy described so eloquently in the Rules Committee last week. It was declared by one of our Rules Committee colleagues: If you have a problem with a bill, then no amendments for you. It is a circular logic at its worst.

I feel compelled to point out that even on the much-maligned Medicare prescription drug legislation that we had, we gave the gentleman from New York (Mr. RANGEL) a substitute. What do we get on this bill, in a word, we got absolutely nothing. No substitute, nothing.

Madam Speaker, there was no need to bring this bill before the Rules Committee at 1 a.m. this morning. The chairwoman of the Rules Committee began the 110th Congress by stressing that we would end the committee's so-called "California hours" that I imposed on them and have our meetings in the daylight. Well, I have to say, Madam Speaker, at 2:30 this morning the sun was not out. I have to say that this measure is one that clearly we support, SCHIP, but not this very undemocratic process and this horrible measure.

Ms. CASTOR. Madam Speaker, I am pleased to yield 1¼ minutes to the gentleman from Wisconsin, a true health care reformer, Dr. KAGEN.

Mr. KAGEN. Madam Speaker, this is a great day for our Nation's children. This is a great day for our seniors and their doctors. For, today, we will begin the necessary process of guaranteeing access to affordable care for the people who need it most, our children and elders.

And this is a great day for the House of Representatives as well, for we are

beginning to solve our Nation's most important domestic crisis, access to affordable health care for every citizen. The CHAMP Act begins to allow for the practice of medicine that really believes in prevention. We will finally provide dental and mental coverage for our kids. With this bill, we are being fiscally responsible and socially progressive, just like America; and I am proud to serve in a Congress that finally pays for its bills.

Today, we are shifting money away from overpaid insurance companies to benefit children and seniors. We are bringing down costs for the 80 percent of all Medicare patients who are now paying too much for their premiums. In my home State of Wisconsin, an additional 81,000 children will acquire coverage.

I was honored to work with the committee chairmen, Chairman RANGEL and Chairman DINGELL, to ensure that there will be an express lane to enroll kids who are already in similar programs and eliminate the late fee for those who signed up late who are in need.

People in America can see, the Democratic majority will leave "No Patient Left Behind."

Mr. SESSIONS. Madam Speaker, these debates are great. It gives everybody on both sides, including the Democrats who ran on an agenda of having socialized medicine, Washington, D.C.-run health care, they can come down to the floor of the House and talk about this is their model of a great bill.

We disagree.

Madam Speaker, I yield 5½ minutes to the gentleman from Pasco, Washington (Mr. HASTINGS).

Mr. HASTINGS of Washington. Madam Speaker, I thank the gentleman from Texas (Mr. SESSIONS) for yielding me this time to speak against this closed rule that bars every single Member of this House from offering an amendment to change this Democrat bill, a bill, Madam Speaker, which I am compelled to oppose.

This nearly 500-page bill is being rammed through the House with the Rules Committee meeting on this bill at 1 a.m. this morning and with no Members even being allowed to propose fixes or alternatives because we are told it is absolutely imperative that Congress act to provide government-run health care coverage to more Americans.

So I am compelled to ask: If the purpose of this bill is to provide more health care coverage for Americans, then why are the Medicare plans of over 8 million seniors in our country being put at risk by this legislation?

Why are over 150,000 Washingtonian State seniors going to have their Medicare Advantage health coverage put at risk by cuts in this bill?

Why are one in 12 seniors on Medicare in my congressional district facing a potential loss of their current coverage? How do you expand health

care to more Americans if you are forcing the elimination of Medicare plans that seniors have chosen?

Madam Speaker, even more troubling to me is a provision in this bill that would force the closure of the Wenatchee Valley Medical Center in my district in Wenatchee, Washington. After reading the bill, this health center wrote a letter to me that states: "Should section 651," of this bill, "be enacted into law as written, we foresee the likely closure of the Wenatchee Valley Medical Center and our outlying facilities in the next few years."

JULY 26, 2007.

Hon. MARIA CANTWELL,
U.S. Senate,
Washington, DC.

Hon. DOC HASTINGS,
House of Representatives,
Washington, DC.

DEAR SENATOR CANTWELL AND REPRESENTATIVE HASTINGS: Late yesterday, Representatives Dingell, Rangel, Stark and Pallone released legislation entitled the Children's Health and Medicare Protection Act of 2007 (CHAMP). Upon review of this bill, we discovered a provision, Section 651 that would be devastating to Wenatchee Valley Medical Center. It appears that this legislation is on a fast-track towards enactment by the House and possibly by the entire Congress.

We seek your immediate assistance in attempting: to either modify this provision or have it removed from the bill entirely.

Should Section 651 be enacted into law as written, we foresee the likely closure of WVMC and our outlying facilities in the next few years.

The Wenatchee Valley Medical Center was founded in 1940 in a rural and remote area of Washington State. The three founding physicians desired to establish something akin to the Mayo Clinic model in a medically underserved area. Through committed work, personal investment, risk taking, and collaboration over a geographic region that spans more than 12,000 square miles, the Medical Center has adhered to and largely achieved that model and vision.

The Wenatchee Valley Medical Center is organized as a hospital system. The system is located in eight different communities in the north-central area of Washington State. Those communities are Wenatchee, East Wenatchee, Moses Lake, Cashmere, Royal City, Omak, Tonasket, and Oroville. The Medical Center is one of the largest employers in its region with 1500 employees. Its physicians provide the majority of the admissions, medical support, and physician staffing for these community hospitals: Central Washington Hospital (Wenatchee); Wenatchee Valley Hospital (Wenatchee); Samaritan Hospital (Moses Lake); Mid-Valley Hospital (Omak); and North Valley Hospital (Tonasket).

The Wenatchee Valley Medical Center is a 100% physician-owned and directed hospital system. Each of the 150+ physicians who are "owners" of the WVMC own less than 1% of the Center. The proposed legislation would require us to stop being what we are and attempt to morph into something different. We have concluded that selling 60% of our hospital (to whom?) as required by Section 651, and preventing WVMC from growing beyond it's current bed size, as also required by Section 651 is non-sustainable, a death-knell.

We could attempt to cope initially by closing money-losing sites like Royal City, Tonasket, and Oroville. The closure of the latter two sites will have the corollary impact of depriving North Valley Hospital of seventy five percent of its medical staff, and